MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/648887

FILING DATE

APPLICANT(S)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
①1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
⑦	1					
⑧	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
⑯	1					
17		1				
⑱	1					
19		1				
20		1				
㉑	1					
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
㊳	1					
㊴	1					
40			1			
41			1			
42			1			
43			1			
㊹	1					
45			1			
46			1			
47			1			
48			1			
49						
50						
TOTAL IND.	9					
TOTAL DEP.	44					
TOTAL CLAIMS	53					

Claim	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-1360 (3-93)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS